



# 2021/22 SEASON RENEWAL OF JUNIOR MEMBERSHIP

Dear Member,

The fees for the 21/22 season are listed below and you are invited to renew your membership. The subscription year runs from Oct.1<sup>st</sup> to Sept.30<sup>th</sup>.

Please complete the form below. The consent section should be completed by a Parent/Carer and return to the Reception.

2021/22 Subscription                      £ 25.00

✂-----

I am under 18 and wish to renew my JUNIOR Membership of the Club for the 2021/22 season.

I enclose my Payment of £ .....

Membership Number: . . . . . Surname: . . . . . (Mr / Mstr / Ms / Miss )

Forename(s) . . . . . Normally known as . . . . .

Address: . . . . .

Post Code . . . . . Telephone: . . . . . Birthday : ...../...../.....

Signature . . . . . Date . . . / . . / . . Email Address .....

This information will be held on a computer database for the efficient administration of the Club and will not be divulged to outside parties .

### CONSENT FORM FOR PARENTS / CARERS

Other Contact numbers and addresses .....

.....Parent/carer' s work number .....

The following members of the Club are authorised to take responsibility for my child while on Club premises or activities.

Name.....Member No.....                      Name.....Member No.....

Name.....Member No.....                      Name.....Member No.....

Please tick this box  and state overleaf, in confidence, any health or other matter concerning your child of which accompanying club officials should be aware. Please indicate any prescribed medication etc..

**DECLARATION:** I consent to my child taking part in the Club activities whether on its premises or at an away venue. I understand that the club, while taking all reasonable steps in the exercise of their duty of care, expects a parent/carer or one of the members listed above to be with and to be responsible for my child while on club activities. I understand that in the event of an accident or other emergency where the responsible adult member is not in a position to act on my child's behalf, that every effort will be made to contact me using the information given above. In the event that no contact can be made and, in the opinion of a qualified medical practitioner, any delay of treatment would be detrimental to my child's health, I consent to my child receiving any medical treatment that may be considered necessary.

I am the Parent / Legal Carer of the above named child.

Name(print) ..... Relationship .....

Signed ..... Date .....